

# Office of Public Instruction

Name: \_\_\_\_\_ Last First MI Employee ID#: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Hours not identified to a budget OR Budget #: \_\_\_\_\_

WEEK #1

WEEK #2

Date								Total of Week #1**								Total of Week #2**
	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri	
Regular Hours Worked																
Holiday																
Vacation																
Sick Leave																
*Comp. Time Taken																
Jury Duty/Military Duty (circle one)																
Leave Without Pay																
*Hour for Hour Comp. Time Earned																
*FLSA Comp. Time Earned (record actual hours worked)																
*Overtime																

\*Overtime or comp time accrued the same week as leave or comp time is taken may not be approved.

\*\*Note: These columns should total Week #1 and Week #2 for each separate budget section

Reason for compensatory time/overtime worked: \_\_\_\_\_

Budget # \_\_\_\_\_

WEEK #1

WEEK #2

Date								Total of Week #1**								Total of Week #2**
	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri	
Regular Hours Worked																
*Hour for Hour Comp. Time Earned																
*FLSA Comp. Time Earned (record actual hours worked)																
*Overtime																

\*Overtime or comp time accrued the same week as leave or comp time is taken may not be approved.

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WEEK #2

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	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri	
Regular Hours Worked																
*Hour for Hour Comp. Time Earned																
*FLSA Comp. Time Earned (record actual hours worked)																
*sOvertime																

\*Overtime or comp time accrued the same week as leave or comp time is taken may not be approved.

\*\*Note: These columns should total Week #1 and Week #2 for each separate budget section

Reason for compensatory time/overtime worked: \_\_\_\_\_

WEEK #1

WEEK #2

Total all hours from each budget section  
front & back including comp time/overtime

Total all hours from each budget section  
front & back including comp time/overtime

Budget # \_\_\_\_\_

**WEEK #1**

**WEEK #2**

Date								Total of Week #1**									Total of Week #2**
	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri		
Regular Hours Worked																	
*Hour for Hour Comp. Time Earned																	
*FLSA Comp. Time Earned (record actual hours worked)																	
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Budget # \_\_\_\_\_

**WEEK #1**

**WEEK #2**

Date								Total of Week #1**									Total of Week #2**
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*Hour for Hour Comp. Time Earned																	
*FLSA Comp. Time Earned (record actual hours worked)																	
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Budget # \_\_\_\_\_

**WEEK #1**

**WEEK #2**

Date								Total of Week #1**									Total of Week #2**
	Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri		
Regular Hours Worked																	
*Hour for Hour Comp. Time Earned																	
*FLSA Comp. Time Earned (record actual hours worked)																	
*Overtime																	

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**ADVANCE LEAVE/OVERTIME/COMP TIME REQUEST**

Date																	Total
	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri			
Advance Vacation Request																	
Advance Comp. Time Leave																	
Advanced Request to Accrue Comp.Time/ Overtime																	

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the hours claimed and budget(s) charged are valid.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I approve this claim. To the best of my knowledge this is the employee's hours worked and leave taken.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Semi-Annual Certification

School/District: \_\_\_\_\_

Federal Program: \_\_\_\_\_

For the Six-Month Period of: \_\_\_\_\_ through \_\_\_\_\_  
Month/Year Month/Year

I certify that the employee(s) listed below worked 100% of their time on activities authorized by the federal program state above.

Employee Name	Title	Employee Signature	Date

\_\_\_\_\_  
\*Supervisory Official's Signature

\_\_\_\_\_  
Date

This form is to be completed every six months for any employee who is paid solely with federal funds from a single federal grant.

*\*Signatures must be dated AFTER the last date of service.*

# APPENDIX I - EXAMPLE OF GRANT AWARD NOTICE (GAN)

The Montana Office of Public Instruction, Denise Juneau, Superintendent  
In-State Toll-Free 1-888-231-9393, Local (406) 444-3095

<b>PRIME APPLICANT:</b> Billings H S 415 North 30th Street Billings, MT. 59101- <b>LE#:</b> 0966	<b>OPI PROGRAM CONTACT:</b> Name: Diana Fiedler Phone Number: (406) 444-9019 Email address: dfiedler@mt.gov <b>OPI PAYMENT CONTACT:</b> Name: Charlotte McMilin Phone Number: (406) 444-2560 Email address: CMcMilin@mt.gov
<b>PROGRAM TITLE:</b> Vocational Education-Basic Grants to States  <b>CFDA #:</b> 84.048A  <b>STATUTORY AUTHORITY</b> Carl D. Perkins Vocational and Technical Education Act of 2006, Title I 20 U.S.C. 2301 et seq. P.L. 109-270	<b>GRANT PERIOD:</b> 07/01/2011 - 06/30/2012 <b>FINAL LIQUIDATION DATE:</b> 07/31/2012 <b>FINAL FUND DRAWDOWN DATE:</b> 08/10/2012
<b>SCHOOL DISTRICT ACCOUNTING CODES:</b> <b>Fund:</b> 15 (Miscellaneous Fund) <b>Revenue Code:</b> 4510 <b>Expenditure Program Code:</b> 451  <b>PROJECT NUMBER:</b> 056 0966 8112	<b>AWARDS &amp; APPROVALS:</b> Original Award \$314,708.00 Approved: 08/18/2011 Amendment 1 \$0.00 Approved: 10/12/2011 Amendment 2 Approved: Amendment 3 Approved: Amendment 4 Approved: Amendment 5 Approved: Amendment 6 Approved: Cumulative Award \$314,708.00
<b>TERMS AND CONDITIONS OF AWARD:</b> 1. This award is subject to the provisions of: a. OPI State and Federal Grants Handbook; b. Office of Management and Budget Circular A-87; c. Office of Management and Budget Circular A-133; d. Department of Education General Administrative Regulations (EDGAR) 2. Final fiscal and program reports are due August 10	